

RED FLAGS IN EARLY SOCIAL-EMOTIONAL DEVELOPMENT

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What Is Early Childhood Mental Health?

- The development of social and emotional well-being in children birth to five. Includes
 - child behavior, health and development
 - family functioning
 - caregiver-child relationships

Critical Characteristics of ECMH

- Development of relationships
- Ability to initiate, discover, play & learn
- Development of persistence & attention
- Development of coping mechanisms
- Development of self-regulation
- Development of emotional range
 - (Poulsen, 2002)

Why Is ECMH Important?

- Foundation for future social-emotional functioning
- Provides biologic underpinnings for later coping & resilience---"hardwires the brain"
- Untreated early problems are associated highly with problems during childhood, adolescence & adulthood

Risks to Later Development if ECMH Issues are not Addressed

- Problems in relationships with others (including peers, family, teachers, spouses, bosses)
- Risk for adolescent problems including gang involvement, teen pregnancy
- Risk for incarceration during adolescence and adulthood
- If in foster care, increased risk for multiple placements

Risks to Later Development if ECMH Issues are not Addressed cont'd

- Increased risk for special education services, school failure, school drop out
- Increased risk for drug & alcohol dependency
- Increased depression , poor coping, poor regulation

Cost Benefit Research

- Longitudinal studies show cost savings of early services due to factors such as higher rates of regular education placement (no special ed costs), higher levels of high school graduation, fewer arrests, less criminal behavior, increased income



CONTINUUM OF SERVICES IN EARLY CHILDHOOD MENTAL HEALTH

- Promotion
- Prevention
- Early Intervention
- Treatment



Promoting Positive Mental Health

- 1. Insure family has access to basic needs (Maslow)
- 2. Insure access to high quality early care and learning experiences



(Knitzer)

Developmentally Based Approach

❖ Focuses on...

- developmental characteristics of child and caregiver
- attachment and behavioral manifestation
- neurobehavioral status / temperament and the caregiving environment
- past and present circumstance
- resilience / health and risk / disorder
- protecting and predisposing environments
- social / cultural expectations of the community

Basics of Development in Very Young Children

- Must be able to identify milestones & their role in child's current functioning
- Must be able to convey information and converse appropriately with parents regarding child's developmental level
- Must understand when further assessment is necessary by a specialist if some aspect of the child's development appears to be in jeopardy

Social-Emotional Markers

- Responsive engagement → Initiation
- Mirrored imitation → Deferred imitation
- Sensory play → Representational play
- Joy from others → Joy from self
- Dyadic regulation → Self-regulation
- Physiological regulation → Emotional regulation
 - (from Poulsen)



EVALUATING SOCIAL/EMOTIONAL COMPETENCIES

- Joy & pleasure in interactions
- Connectedness
- Ability to “bounce back”
- Responsiveness to the world
- Ability to assert self at appropriate level

EVALUATING SOCIAL/EMOTIONAL COMPETENCIES cont'd

- Ability to request assistance at appropriate level
- Understanding of rules & expectations; ability to adapt to them
- Ability to use “buffers” within self and in surroundings
- Growing expression of “self” within family/cultural context

Developmental Markers Indicating Concern/Need for Referral (AAP)



- By age 8 months, if baby:
 - Refuses to cuddle
 - Shows no affection for person who cares for her
 - Doesn't seem to enjoy being around other people

Developmental Markers Indicating Concern/Need for Referral



- By age 8 months, if baby:
 - Doesn't babble
 - Doesn't respond to sounds around him
 - Shows no interest in games of peek a boo
 - Doesn't try to attract attention through actions (by 7 months)
 - Doesn't laugh or make squealing sounds (by 6 months)
 - Doesn't smile spontaneously (by 5 months)
 - Seems inconsolable at night (after 5 months)

Developmental Markers Indicating Concern/Need for Referral



- By end of 12 months, if baby:
 - Says no single words ("mama" "dada")
 - Doesn't learn to use gestures, such as waving or shaking head
 - Doesn't point to objects or pictures

Developmental Markers Indicating Concern/Need for Referral



- By end of 24 months, if toddler:
 - Doesn't use 2 word sentences
 - Doesn't imitate actions or words
 - Doesn't follow simple instructions
 - Doesn't speak at least 15 words (by 18 months)
 - Doesn't know function of common household objects (by 15 months)
 - (brush, telephone, bell, fork, spoon)

Developmental Markers Indicating Concern/Need for Referral



- By 36 months, if child shows:
 - Inability to communicate in short phrases
 - No involvement in "pretend" play
 - Failure to understand simple instructions
 - Little interest in other children
 - Extreme difficulty in separating from mother



Red Flags in Social/Emotional Development Before Age 2

- Limited interest in other people
- Does not initiate interactions or play
- Little joy shown in daily activities
- Limited range of affect & emotions
- Does not use caregiver as secure base or for comfort
- Does not show a connection with primary caregiver—may lack discrimination between adults

Red Flags in Social/Emotional Development Before Age 2

- Excessive crying & irritability
- Persistent sleeping or feeding problems
- Limited or no imitation in play
- Inability to recover from distress
- Extreme difficulty with transitions
- Excessive & unreasonable fearfulness
- Limited exploration in play
- Extremely limited use of others to help regulate; no demonstration of developing self-regulation

Red Flags in Social/Emotional Development Between 2 & 5

- Persistent eating problems
- Excessive head banging, body rocking, thumb sucking
- Persistent & serious sleep problems
- Persistent & unreasonable crying, excessive fears, extreme withdrawal

Red Flags in Social/Emotional Development Between 2 & 5 cont'd

- Minimal assertion of self in play
- Minimal initiation of spontaneous play with materials
- Minimal initiation of play with others
- Minimal initiation of self-help skills
- Minimal looking to adults for approval

Red Flags in Social/Emotional Development Between 2 & 5 cont'd

- Minimal eye contact
- Minimal response to affection from parent
- Minimal showing of affection with parent
- Minimal indication of concern for others in distress
- Minimal attempts to communicate needs & desires

Red Flags in Social/Emotional Development Between 2 & 5 cont'd

- Inability to play without constant adult supervision
- Persistent refusal to comply to simple commands/routines
- Insistence on doing all tasks on own terms
Insistence on “ritual bound” activity
- Persistent irritability, temper tantrums
- No acceptance of reasonable limits

Red Flags in Social/Emotional Development Between 2 & 5 cont'd

- Persistent aggression towards peers/ family members
- Persistent impulsive destruction of property
- Inability to sit quietly for 10 minutes to look at books, watch TV, or play by self
- Inability to focus on tasks to point of completion

(from Poulsen)



Additional Warning Signs

- Drop in growth rate, parameters, or percentiles
- Major sleep disruptions (esp if abrupt change)
- Sudden changes in digestion not related to diet
- Significant regression in development lasting more than one week
- Development (or great increase) in aggressive behaviors
- Self-abusive behaviors
- Sudden decline in developmental progress
- Change in ability to connect with others

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FROM (Hill & Solchany, 2005)

What Does It Mean & What Can We Do?

- Website materials (see www.projectabc-la.org for example)